



BIG BAD LIBERAL MARIJUANA MUDDLE

The Liberal government, thanks to Justin Trudeau's mindless statements during the federal election of 2015, became committed to legalizing the recreational use of marijuana. The purpose of this initiative was to encourage millennials to vote for the Liberal Party.

Like many of its other policies, the Liberal government was clueless about the unintended consequences of this promise. For example, it has yet to solve the problem that has arisen because Canada ratified UN drug treaties that prohibit the use of marijuana. Further, S. 33 of the UN Convention on the Rights of the Child (CRC) specifically states that it is the responsibility of governments to protect children from the use and trafficking of drugs:

33. Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in their illicit production and trafficking of such substances.

The CRC defines "child" as anyone under 18 years of age. However, once marijuana is legalized, it becomes normalized and becomes acceptable. As a result, adolescents under the age of 18 years will have access to it, as they have easy access, today, to cigarettes.

The Liberals are merrily proceeding with their legalization of marijuana, ignoring their treaty obligations as well as many other serious problems inherent with the legalization.

Unfortunately, the government thinks it cannot back down from its proposal on marijuana as its credibility is already seriously on the line with its accumulating failures on other policies. These include the defeat of electoral reform; the enormous, accumulating national debt, far in excess of what had been promised; the incompetence of the Murdered and Missing Indigenous Women Inquiry; failure to provide transparency and honesty, insisting on continuing with its pay-for-access scheme for corporate high rollers; the flaunting of regulations by Trudeau to vacation with billionaire, the Imam Aga Khan, in the latter's private island, and the \$10.5 million award to terrorist Omar Khadr, who killed an American soldier and blinded another in Afghanistan. Under all these circumstances, it is not unreasonable to describe the Trudeau government as dumb and dumber, as the Liberal blunders are piling up.

Despite this, on April 13, 2017, the Liberal government tabled legislation on marijuana. It provides only a vague and little considered framework for the sale, distribution and possession of it. This framework is based on the federal government's use of its criminal law provisions to supposedly provide "protection of public health". This is why Trudeau has been going across the country loudly proclaiming that the objective of his marijuana legislation is "to reduce harm to Canadians" and to "decrease the black market of marijuana". These comments are nothing more than mindless prattle.

The government is ignoring the reality of recreational marijuana use which occurred in Colorado when it legalized recreational marijuana in 2013. Since that time, Colorado has experienced:

- Marijuana use by Colorado youth between the ages of 12



April 17, 2017, <https://www.hilltimes.com/cartoon>

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and 17 years old increased by 20%; this was 74% higher than the national average of that age group;

- Marijuana use of university age youths increased by 17%;
- Marijuana use by adults age 26+ years old increased 63% in comparison to an increase nationally of 21%;
- In 2014 when retail marijuana businesses began operating in Colorado, there was a 32% increase in marijuana related traffic deaths. During the same period of time, all traffic deaths increased by only 8%. Marijuana related traffic deaths were approximately 20% of all traffic deaths;
- There was a 29% increase in the number of marijuana related emergency room visits in 2014 and a 38% increase in the number of marijuana related hospitalizations;
- During the years 2013-2014, the average number of children exposed to marijuana was 31 per year. This was an increase of 138%;
- According to the Colorado Attorney General, legalization of marijuana did not reduce black market marijuana activity “the criminals are still selling on the black market.... We have plenty of cartel activity and plenty of illegal activity that has not decreased at all”; and
- Homelessness in Colorado surged by 50% with 20 to 30% of newcomers living in shelters, having moved to Colorado to have easy access to marijuana.

Trudeau and his government apparently haven't even read their own Health Canada Website, which lists the risks of marijuana to include:

- Risks to health, some of which may not be known or fully understood. Studies supporting the safety and efficacy of cannabis for therapeutic purposes are limited and do not meet the standard required by the Food and Drug Regulations for marketed drugs in Canada.
- Smoking cannabis is not recommended. Do not smoke or vapourize cannabis in the presence of children.
- Using cannabis or any cannabis product can impair concentration, ability to think and make decisions, reaction time and coordination. This can affect your motor skills, including ability to drive. It can also increase anxiety and cause panic attacks, and in some cases cause paranoia and hallucinations.
- Cognitive impairment may be greatly increased when cannabis is consumed along with alcohol or other drugs which affect the activity of the nervous system (e.g. opioids, sleeping pills, other psychoactive drugs)

The warning goes on to list specifically when cannabis should never be used by anyone:

- under the age of 25
- who has serious liver, kidney, heart or lung disease
- who has a personal or family history of serious mental disorder such as schizophrenia, psychosis, depression, or bipolar disorder

- who is pregnant, is planning to get pregnant, or is breast-feeding
- who is a man who wishes to start a family
- who has a history of alcohol or drug abuse or substance dependence

In June 2016, ignoring this crucial information, Trudeau established a Task Force to make recommendations on marijuana use. The Committee was headed by former Liberal Justice Minister Anne McLellan. The bad news was that the nine-member Committee included the controversial Dr. Perry Kendall, who, both as Ontario Medical Officer of Health and BC Provincial Health Officer, has advocated for legalization of drugs. In June, 2010, Dr. Kendall claimed that the use of the drug ecstasy can be “safe” when consumed “responsibly”. In 2016, Dr. Kendall called for the decriminalization of personal drug use and possession.

The Committee's Report, released in December, 2016, could have been written by the marijuana industry. It is void of concerns for public safety and, if implemented, will cause damage to generations of Canadians to the benefit of the marijuana industry.

The Committee recommended that the age of majority, that is 18, be set for the use of marijuana (nineteen years for those in provinces where that is the age of majority).

On May 29th, 2017 an alarmed *Canadian Medical Association (CMA)*, in an editorial in its *Journal*, stated that current research shows the brain doesn't reach maturity until around age 25. The CMA editorial referred to the fact that the 9% risk of developing dependence over a lifetime rises to 17% if marijuana use is started in the teen years.

The CMA recommends that the government raise the legal age for buying marijuana to 21, and that it restrict the quantity and potency of the marijuana available to those under 25 years of age.

The Canadian Paediatric Society position paper on the effects of cannabis on children and youth cites serious potential effects, such as: increased presence of mental illness, including depression, anxiety and psychosis; diminished school performance and lifetime achievement; increased risk of tobacco smoking; impaired neurological development and cognitive decline; and a risk of addiction.

In 2010, Canadian youth were ranked No. 1 for cannabis use among 43 countries in Europe and North America. Are we trying to maintain this record?

The federal Task Force also recommended that individuals be allowed to possess 30 grams of marijuana and be permitted to cultivate marijuana for non-medical purposes providing it is limited to four plants per residence, and has the maximum height limit of 100 centimetres. No doubt the police will be knocking on doors with their measuring sticks to ensure that the width and height of the marijuana plants conform to the law.

Just like the Big Tobacco Industry before it, the Big Marijuana Industry is pumping up its corporate growers, in anticipation of grabbing billions of dollars in the growing,

distribution and selling of pot across the country. Tobacco smoking is the second biggest risk factor for early death and disability after high blood pressure. Fortunately, because of intense advertising against tobacco smoking, its prevalence has dropped from 35% to 25% among men and from 8% to 5% among women. What on earth then, are we doing by reversing ourselves and adding dangerous marijuana smoke to the deadly mix?

PROVINCES CONCERNED ABOUT THE MARIJUANA PROPOSAL

Each of the provinces will be required to implement its own rules and restrictions in respect of the distribution and sale of marijuana. This means the provinces will have the last say on the method of sale and point-of-sale restrictions, having regard to the key objective of the federal legislation—supposedly, to prevent or reduce harm to Canadians. In deciding their own rules, Houdini wouldn't be able to accomplish this. Neither are the provinces likely to reap the supposed vast profits from the sale of marijuana. The provinces are rightly skeptical about any such windfall since taxes on pot are expected to stay low to ensure the regulated market elbows out illegal dealers.

It is significant that on November 1, 2016, the Parliamentary Budget Officer (PBO), Jean-Denis Frechette,

released a 77 page study entitled, “Legalized Cannabis: Fiscal Considerations”, which states that the federal government may have little fiscal space to heavily tax cannabis the way it does tobacco, without pushing the legal price well beyond that of currently illicit pot. Price legal pot too high and the black market will continue to flourish; too low and governments could be seen to be encouraging its use.

The PBO projects that sales tax revenue in 2018 could be as low as \$356 million and as high as \$959 million, with a likely take of about \$618 million based on legalized retail cannabis selling for \$9 per gram—in line with current street prices.

In addition, health care costs are expected to soar with the legalized use of recreational marijuana. As an example, a new study presented to the Pediatric Academic Societies in 2016, found that one in six toddlers admitted to a Colorado hospital with coughing, wheezing and other symptoms of bronchiolitis tested positive for marijuana exposure.

The Liberal government hopes to have this marijuana muddle all sorted out by July 1, 2018, disregarding the harm to society caused by this legislation. What seems to matter to this government, only, is that millennials vote for the party in the 2019 federal election—even if they are all spaced-out from the use of marijuana!

The Liberal government is reckless and utterly irresponsible in bringing this marijuana legislation forward. †

DIVISION AMONG PHYSICIANS OVER ASSISTED SUICIDE

The assisted suicide law that came into effect in June, 2016 is causing problems within the medical community. Physicians are raising concerns from widely different perspectives. They are all over the map on this issue.

Dozens of physicians in Canada, who had initially signed up to assist in terminating the lives of patients, have now removed themselves permanently from a voluntary referral list. Another 30 physicians have put their names on temporary hold. The Canadian Medical Association does not know exactly how many more physicians are having second thoughts about participating in this procedure.

Some physicians are objecting to the requirement to refer a patient if they do not want to end the patient's life themselves. According to them, a referral is an act which connects the patient to assisted death and is essentially morally the same as actually performing the wrongful act itself.

The Christian Medical and Dental Society of Canada, the Canadian Federation of Catholic Physicians' Societies and Canadian Physicians for Life, along with five individual physicians, argued, in June 2017, in the Ontario Superior Court, that the Charter of Rights and Freedoms protects them from being required to refer patients. The decision will be handed down within a few months.

They are fighting the policy of the College of Physicians and Surgeons of Ontario that says doctors must provide an “effective referral” if they themselves refuse to help

patients end their lives due to reasons of conscience or religion. To do otherwise, according to the College, amounts to abandoning the patient.

The Province of Alberta has tried to protect physicians by providing four care co-ordinators, all of them nurses, who act as central intake officers and arrange all aspects of the end-of-life procedure, including, finding a doctor and two assessors, lining up the medications, scheduling the death and helping with the voluminous official paperwork.

This approach has apparently worked well for Alberta assisted suicide providers and also for doctors who refuse, on moral grounds, to refer patients for assisted death. Conscientious objectors need only give their patients contact information for the co-ordinating service and avoid a formal referral. Other provinces, however, do not provide this service, which is raising the wrath of some physicians.

In Ontario, only 74 doctors and nurse practitioners have signed up to provide assisted suicide, down from 181 when the Ontario Ministry of Health set up its care co-ordination service. The Ontario service only connects patients to doctors willing to help them, but does not make the arrangements for the whole process, which, physicians claim, takes too much of their valuable time, such as travelling to the patient, connecting up with the pharmacist for the lethal drug, doing all the troublesome paperwork.

Other physicians, located mainly in British Columbia and

Ontario, have bowed out of assisted suicide because they claim they are not being paid enough to kill their patients and can't afford to continue in their new found "specialty". In Nova Scotia and Ontario, about half of the claims filed by physicians for assisted suicide have been stuck in processing because the provincial governments have not yet developed their "fee codes" for activities related to assisted suicide. In short, some physicians are perfectly willing to kill their patients, provided they are being paid enough for their effort, and provided it doesn't take too much time and effort for them to do so.

CLINICAL PRACTICE GUIDELINES ON ASSISTED SUICIDE

A group of physicians in British Columbia, all of whom are assisted death providers, have published the first clinical-practice guidelines on how doctors should apply the clause in the assisted suicide legislation that says a patient's natural death must be "reasonably foreseeable". Naturally, these assisted suicide physicians want the expression to be interpreted broadly, with no specific measure of how long a patient has left to live, claiming that this will ensure that people who would otherwise qualify, are not denied a ready death. The guidelines encourage doctors to consider a patient eligible if his or her natural death is "reasonably foreseeable", to be determined by a combination of the patient's known medical conditions and factors such as age and frailty. This broad definition would, of course, ensure a lot of customers for the assisted suicide physician brigade.

There are other physicians who argue that this activist groups' definition goes well beyond how the law was intended to apply to the terminally ill. They complain that the guidelines were not developed with the widespread consultation that usually precedes the publication of a medical association's formal recommendations for treating patients. The clinical practice guidelines, it seems, were drafted to gain credibility and acceptance, for the physicians willing to participate in assisted suicide. Further, these guidelines failed to disclose the very pertinent fact that they

were spearheaded by a group of doctors who have a conflict of interest because many of them have spoken out in favour of scrapping the "reasonably foreseeable" clause altogether.

The physicians who drafted the guidelines held their first national conference in Victoria in early June, to agitate to both interpret the law broadly, and to increase remuneration for their specialty.

Those physicians demanding elimination of the "reasonably foreseeable" death clause, are, in fact, demanding a form of death "a la carte", claiming that refusals of physicians to perform assisted suicide causes discrimination and exclusion, and creates barriers to access for patients.

THE EROSION OF THE ASSISTED SUICIDE LAW

In slightly more than a year after the assisted suicide legislation became law, assisted suicide has gone from an exceptional act to one that is now promoted. The "end of life" criterion is now presented as discrimination, which prevents people with disabilities, for example, from accessing the service, because their living conditions not their closeness to death, justify their desire to die. Also, the argument in support of assisted suicide only for "capable and consenting people" is giving way to the idea of killing an incapable person (with Alzheimer's or Dementia) regardless of the person's consent at the time of death.

Finally, according to a Canadian study, published in May, 2017, the proverbial patient writhing in pain on his deathbed has morphed into a person in crisis over his loss of autonomy because, for example, of a disability. Next we will be dealing with the ludicrous proposition now gaining popularity in the Netherlands, which has opened physician aid in dying to elderly people who feel they have accomplished their life goals, or, to put it another way, are simply tired of living. This, of course, is sold to us as "progress".

What is reasonably "foreseeable" in the assisted suicide legislation is that it is being extended to more and more groups of people - provided, of course, that their physicians are paid enough for killing them. †

THE DUBIOUS VALUES OF THE EUROPEAN UNION

The twentieth century brought with it two devastating world wars that caused the pulverization of cities, suffering, depravation, terror and death.

After World War II, world leaders were determined that such destruction should never occur again.

Consequently, two institutions were established after World War II to, hopefully, prevent a re-occurrence of the terrible nightmares experienced in the early twentieth century. These institutions were the United Nations (UN), established in 1945, and the European Union (EU), established formally in 1957. Both institutions have proven themselves to be grave disappointments to mankind, creating more problems than they have solved, in this still corrupt and unhappy world.

THE UN

Nearly 70 years after the UN was established, it has degenerated into a corrupt, impotent organization operated by overpaid, incompetent bureaucrats. The latter are supported mostly by the wealthy western nations, which use the UN as a tool to force anti-life, anti-family policies on the developing world. The UN has also failed to stop wars, starvation and suffering. It stands as a monument to mankind's good intentions and to its colossal failures.

THE EU

The EU began as an economic union in 1957, established by the leaders of Belgium, Germany, France, Italy,

Luxembourg and the Netherlands. It was believed that economic co-operation, fostered by countries trading with one another, would result in an inter-dependent group likely to avoid conflict with one another.

This economic union expanded to include social and political issues. Today, it is a union of 28 European countries that covers much of the European continent. The organization has also expanded its policy areas from economics to climate, environment and health, to external relations, security, justice and migration among other issues. It has abolished border controls among its members, making it much easier to live, work and travel abroad in Europe. It has a single or internal market and monetary system (with the Euro as currency), which now enables most goods, money and people to move freely.

THE EU STRUCTURE

The only directly elected body of the EU to represent the EU's five hundred million inhabitants, is the European Parliament consisting of 751 members. The European Parliament also elects the President of the European Commission. The role of the Commission is to serve as the EU's executive body responsible for proposing legislation to the EU Parliament and implementing its decisions, monitoring treaties and the day-to-day running of the EU. Another body of the EU is the European Council which consists of the heads of states of governments of the European States. The council defines the general political direction and priorities of the EU.

EU HUMAN RIGHTS GOALS

One of the EU's main goals is to promote human rights, both in Europe and around the world. The problem with its human rights goal is that the EU's supposed "core values", interpreted as human rights, are anti-life/family.

PROBLEMS WITH THE EU

One of the main problems with the EU is that its only directly elected institution, the EU Parliament, has become an empty shell. As a result, many EU decisions are made by the leaders of the Member States on the European Commission as well as the bureaucrats in Brussels, not by the European Parliament itself. It is significant that the EU has 7000 employees and officials carrying out its work, accounting for 34% of its budget

Unfortunately, although there are some conscientious, hard-working members of the European Parliament, there are all too many who do not take their jobs seriously, and who infrequently take their seats in the Parliament. For example, in July 2017 only a few dozen of the 700-plus legislators of the European Parliament showed up for a special session marking the end of the six-month presidency of Malta at the EU. The meagre showing of members of Parliament caused the head of the EU's Commission to denounce the European Parliament as "totally ridiculous" and "not serious". Election to the European Parliament is perceived as an easy job for politicians without a big national portfolio, or for veterans

seeking a leisurely path to retirement. The salary of a member of the European Parliament is \$142,605.78 (CDN) annually, plus expenses (travel, office and assistants) for very little work. The members are entitled to an old-age pension from the age of 63.

BUREAUCRATS STEP INTO THE VOID

Because the European Parliament is not effective, the European Union is operated mostly by the EU bureaucrats in Brussels. It is they who decide regulatory details, for example, the number of strawberry plants that a farmer in Spain may cultivate each year!

Also, importantly, these bureaucrats are stepping on the sovereign rights of the EU member states, trying to impose their own interpretation of human rights as the international position of the EU. Unfortunately, the policies are anti-life/family and have had a very detrimental effect, especially at the UN.

Those member states of the EU that are Christian-based, such as Hungary and Poland, which want to make up their own internal decisions and laws, have become very dissatisfied with the EU. They claim that the EU's interpretation of controversial issues, such as human rights, climate change, migration, etc. are interfering with their domestic policies. As a result, these countries have become alienated from the EU. Britain's withdrawal from the EU (Brexit) is illustrative of EU members unwilling to continue ceding their rights as sovereign nations to the centralization tactics of the bureaucrats in Brussels.

No one wants to return to a time of wars between European nations, border controls and complex money exchanges. Unless the EU reorganizes itself that may well happen as more nations are feeling compelled to move away from the EU. †

MESSAGE BOARD

- **Action Item:** Write to your MP, MLA, and PM Justin Trudeau to state your opposition to the legalization of the recreational use of marijuana. There is plenty of information in [this issue](#) of REALity, which you can use in your letter. You only need to pick out a few points.
- **Membership: Another reason to *be a member of REAL Women of Canada*:** Membership fees, \$30 per year, are a source of revenue for our non-profit organization. We do not receive any government funding, nor are we part of any other larger organization that funds us. We are not in the back (or front) pocket of any corporation. We rely entirely on membership fees, private donations and bequests. Check with our Ottawa office if you are unsure as to the status of your membership.
- **Facebook & Twitter:** Have you checked out our [Facebook page](#) recently? Invite friends to "Like" our Facebook page, comment and share articles. [Follow us on Twitter](#) as well.

UN FALLING OVER ITSELF ON ABORTION AND HOMOSEXUALITY

One would think the issues of abortion and homosexuality discussed at the UN were a major concern for most UN members since so much time is taken up dealing with them. However, only a tiny number of the UN's member states are preoccupied with these issues. The push comes from fewer than 25 countries of the total 193 UN member states. The major pressure comes from the Nordic countries, the European Union and, of course, Canada, under Prime Minister Justin Trudeau. Thankfully, pressure no longer comes from the US, which has taken a pro-life/family position under President Donald Trump.

It is significant that there is no mention of abortion or homosexuality in any of the UN Human Rights Treaties, but discussions on these issues continue to cause gridlock and a lack of consensus again and again. What is behind this?

The gridlock is due to the fact that in the mid-1990's, UN agencies and the treaty monitoring bodies to which nations must report every five years to confirm their adherence to the UN treaties, developed a strategy to "re-interpret" human rights treaties to "write-in" these controversial issues, supposedly in the belief that if these controversial issues were constantly presented as "necessary" by UN bureaucrats and agencies, then UN member states would capitulate and accept them.

Recent data reveal that over half the recommendations made by UN human rights treaty monitoring bodies now include homosexuality and abortion, demanding that domestic laws of the member states be changed on the pretense that it is a requirement under the human rights treaties. These demands are then used by pro-abortion/homosexual NGO's to pressure member states to liberalize their laws on abortion, sexual orientation and gender identity in their countries. For example, the human rights committee, which monitors the international Covenant on Civil and Political Rights, has included demands for abortion and homosexuality in a shocking 85 of the reviews of the treaties it carried out last year, although the above treaty itself makes no mention of them.

Fortunately, these preposterous recommendations by the UN treaty monitoring committees are not enforceable. They are used only as a propaganda tool. That is how the game is now being played at the UN. It is a fraud and completely unethical. †

PRESIDENT'S MESSAGE



Dear REAL Women of Canada supporter:

The Trudeau government has asked the Council of Canadian Academies (CCA) to undertake an independent review of requests for assisted suicide by three groups, not currently included in the euthanasia law passed June 2016 by Canadian parliament. These groups are: those with mental illness, adolescents and those signing an advance consent.

REAL Women was requested by the CCA 44 member expert panel to provide, in writing, our views on this matter, as well as any information or evidence to back up our position. The deadline for submission was September 22, 2017.

We do not want to see any further extension of the assisted suicide law. It was a challenge to put our objections in writing as the three situations are so nebulous. It is difficult to predict all the possibilities that will arise. However, we did the best we could, presenting arguments backed up by many professional scientific publications. We summarized our submission by stating we are entirely opposed to extending access to assisted suicide to the mentally ill, "mature" adolescents, or by way of an extended directive. Please read our article in this month's issue, which further elaborates on the assisted suicide debate.

Our recently launched fundraiser is on-going and has been successful so far. For a minimum donation of \$100, and upon request, donors will receive a complimentary copy of the book "Pierre Elliott Trudeau: The Great Betrayal", co-authored by Gwen Landolt (National VP of REAL Women) and Patrick Redmond. If you would like to take advantage of this time-limited offer, please write the promotion code PET2017 on your donation, include your mailing address and mail to our Ottawa office.

Thank you for being women and men doing your best to build a better society.

With much gratitude for your financial and moral support,

Pauline Guzik

Pauline Guzik,
National President

SUPPORT REAL WOMEN OF CANADA
PLEASE MAKE A CONTRIBUTION TO JOIN OUR WORK
TO DEFEND & PROTECT LIFE & THE FAMILY

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Contributions, unfortunately, are not tax deductible.

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Send online at www.realwomenofcanada.ca or by mail. Thank you.

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